

Please leave this area blank

New employees: Submit this form to the hiring department.
 Current employees: Send the form directly to University Payroll and Tax Services or use My Self Service on myUFL.

**UNIVERSITY OF FLORIDA
 DIRECT DEPOSIT AUTHORIZATION
 FORM FOR ONE BANK ACCOUNT
 PLEASE TYPE OR PRINT CLEARLY**

This form will not be processed without your UF ID

UF ID#		
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Last Name	First Name	M. I.

Local Mailing Address (Number, Street, Apt #)

City

State	Zip Code

Telephone	Email Address

Direct Deposit Action Requested (Check only one)	(1) <input type="checkbox"/> Start
	(2) <input type="checkbox"/> Change

Account Type (Check only one)	(1) <input type="checkbox"/> Checking
	(2) <input type="checkbox"/> Savings

Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution

Employee's Signature	Date

THIS FORM MUST BE SIGNED AND DATED BY PAYEE
 Signature above signifies acceptance of the terms and conditions in the
 AGREEMENT to the right.

**PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS
 All boxes must be completed; fill-in all information.**

This form will start, change, or stop direct deposit for wage payments received by you from the University of Florida. If you want to send your direct deposit to more than one account, please use the "Direct Deposit Authorization Form For Multiple Accounts"

Select the Direct Deposit Action Requested:
 Check **Start** if you do not have direct deposit established. It is necessary to provide a voided check with your name printed on it. In lieu of a check, you may offer a bank issued direct deposit form or a bank letter. The bank documents must be printed by the bank and signed by a bank representative. Bank forms cannot be completed and signed by the employee. Do not submit a deposit slip as the routing numbers differ from the direct deposit routing numbers. If making a **Change** to your direct deposit for the financial institution, the account number, or the routing number, there are 2 options.

1. Preferred Option (**no forms needed**): Employee changes the direct deposit in My Self Service > Payroll and Compensation > Direct Deposit.
2. Check **Change** on this completed form and provide a voided check, bank form, or bank letter as stated above.

You do not need to submit a new form when changing departments/positions within the University.

AGREEMENT
 I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. Direct deposit data remains active in University Payroll and Tax Services until one year after separation of employment or until changed by:

- (a) me in writing by submitting this form requesting a change;
- (b) me by submitting a change in My Self Service in myUFL;
- (c) my death or legal incapacity;
- (d) the financial institution or;
- (e) the University of Florida.

I understand that I am required to stop or change my direct deposit information with the University of Florida before I close my bank account.

Special Note: If you need assistance or have questions about your direct deposit, please call University Payroll and Tax Services at (352) 392-1231.

A voided personal check that includes your imprinted name or form/letter from your financial institution that includes the account holder's name, account number, and routing number must be attached here for account verification.

****Do not attach a deposit slip. Forms with deposit slips attached will be rejected since the banking codes are not valid for direct deposit.**

New Hires: Include form and voided imprinted check with payroll packet. Send completed packet to the hiring department.	Changes: Fax to: (352) 846-0166 If you fax your form, retain the original; do not also mail the original to Payroll and Tax Services.
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Telephone: (352) 392-1231